

# **NC-TOPPS**

**NORTH CAROLINA - TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM**

## **SFY 2007 – 2008 IMPLEMENTATION GUIDELINES**

**FOR SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS**

**Version 4.0, Effective July 1, 2007**

### **INTRODUCTION**

The North Carolina - Treatment Outcomes and Program Performance System (NC-TOPPS) is the program by which the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) measures the quality of substance abuse and mental health services and their impact on individuals' lives. By capturing key information on a consumer's service needs and life situation during a current episode of care, NC-TOPPS aids in developing appropriate person-centered plans, evaluating an individual's progress and the outcomes of services. It supports Local Management Entities (LMEs) in their responsibility for monitoring services in each LME's catchment area. The data generated through NC-TOPPS helps the DMH/DD/SAS, LMEs and provider agencies improve the quality of services. In addition, NC-TOPPS provides data for meeting federal performance and outcome measurement requirements, which allows North Carolina to evaluate its service system in comparison to other states.

The web-based NC-TOPPS was implemented statewide in July 2005 for adults and children ages 6 years and above who are receiving either IPRS-funded services, community support services (managed or unmanaged), and/or other Medicaid managed services for mental health and/or substance abuse issues. Online interviews conducted at the beginning, during and at the end of an episode of care provide information on each individual's service needs and outcomes.

Reports of aggregate information from those interviews are published on the NC-TOPPS website at <https://nctopps.ncdmh.net> for use by state and local government agencies, provider agencies and consumers and their families in evaluating and improving the quality of care in North Carolina's public service system.

An NC-TOPPS query system is currently being developed for implementation by the end of 2007 that will allow DMH/DD/SAS, LME, and provider agency staff to use the system for tracking consumers' progress on PCP/treatment plan goals, as well as assessing needs and comparing outcomes across particular groups.

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### I. LME RESPONSIBILITIES

#### **Local Oversight**

It is the responsibility of the LME to ensure that all of the provider agencies of publicly-funded mental health and substance abuse services in its catchment area meet NC-TOPPS requirements. LMEs determine which provider agency is a consumer's clinical home and is therefore responsible for completion of NC-TOPPS Interviews with that consumer. (See Section II for further information.) LMEs are responsible for ensuring that NC-TOPPS Interviews are fully completed for required substance abuse consumers by substance abuse Qualified Professionals (QPs) and for required mental health consumers by mental health QPs. Each LME must guide and monitor its provider agencies on how NC-TOPPS is being implemented within its service area.

#### **Provision of Identification Numbers**

LMEs are responsible for giving its provider agencies that are responsible for completing NC-TOPPS Interviews the appropriate LME Code, Reporting Unit Number, and IPRS Attending Provider Number as soon as the LME receives the provider agency's signed Contract or Memorandum of Agreement to provide services. User logins and passwords cannot be assigned without these identification numbers.

The LME must also give the provider agency the LME-assigned Consumer Record Number as soon as a Consumer Admission Form is received from the provider agency. The provider agency must have this number in order to submit an NC-TOPPS Interview.

#### **Training**

LMEs are responsible for ensuring that its provider agencies are trained on the web-based NC-TOPPS tools and protocols. DMH/DD/SAS, through its contractors, has provided training on the web-based NC-TOPPS data collection system for every LME and will continue to provide technical assistance and training support as needed.

### II. PROVIDER AGENCY RESPONSIBILITIES

#### **Completion of NC-TOPPS Interviews**

Responsibility for completing NC-TOPPS lies with the provider agency that is considered the consumer's clinical home. The *clinical home* is the provider agency that is responsible for developing and monitoring the implementation of the consumer's Person Centered Plan (PCP).

If no clinical home is assigned, responsibility for completing NC-TOPPS Interviews lies with the agency that provides the consumer's primary mental health and/or substance abuse services and is responsible for developing and implementing the consumer's treatment plan.

For the purposes of these Guidelines, the term *clinical home* is used to refer to both types of agencies that are responsible for completing NC-TOPPS Interviews.

The QP in the clinical home agency that completes the PCP/treatment plan is responsible for ensuring that NC-TOPPS Interviews are done as a regular part of developing and updating a

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consumer's PCP/treatment plan. Having the consumer present for an Interview is expected. Copies of all completed NC-TOPPS Interviews must be included in the consumer's service record and submitted to the LME as part of the PCP or treatment plan.

When the consumer's clinical home changes, the QP at the current clinical home must complete a Transfer Interview and the QP at the new clinical home must complete a new Initial Interview. This allows a provider agency to evaluate the outcomes for the individuals it has served. (See Section V for more information.)

### **Consumers with Multiple Provider Agencies**

Only one set of NC-TOPPS Interviews is completed for each consumer during a particular episode of care. However, NC-TOPPS Interviews should capture all services a consumer receives during an episode of care. If the consumer is being treated by multiple provider agencies, the QP from the clinical home who is responsible for the consumer's PCP is also responsible for ensuring that all involved provider agencies are consulted and informed when completing NC-TOPPS Interviews. If the consumer signs a consent for sharing the NC-TOPPS information with other provider agencies involved in his or her care, the clinical home QP is responsible for providing those other provider agencies with copies of the NC-TOPPS Interviews (See Section III for more information).

## **III. DATA CONFIDENTIALITY**

### **Confidentiality of Consumer Data**

Confidentiality of consumer-identifying information is protected under North Carolina laws and Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164. Consumer-identifying information is only shared with individuals with a legal right to the information. Consumers may have access to their NC-TOPPS information upon request.

NC-TOPPS falls under the "audit or evaluation exception" of the federal laws cited above. This clause allows collection and sharing of consumer-identifying information with state or local government agencies for the purpose of evaluating the quality and effectiveness of services. Consumers must be informed of this by including NC-TOPPS on the Notice of Privacy to consumers in accordance with HIPAA regulations.

### **Substance Abuse Consumer Consent**

The "audit and evaluation exception" to the federal law, noted above, allows the provider agency to share all NC-TOPPS data directly with the consumer's LME. However, the Division cannot "redisclose" to the consumer's LME any information that the Division receives from the provider agency which identifies an individual as a substance abuse consumer, until the substance abuse consumer signs a written consent form.

For consumers with multiple provider agencies, the consumer must also specifically consent for the provider agency to share NC-TOPPS information with other provider agencies serving the consumer before the provider agency can send any NC-TOPPS information to those provider agencies.

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The provider agency must request the consumer to sign a consent form authorizing redisclosure of their identifying information from:

- The Division to the consumer's LME
- The clinical home provider agency to each other provider agencies serving the consumer

If the consumer signs a consent, the Division will share individual-identifying information with the consumer's LME in accordance with 42 CFR, Part 2, HIPAA and NC Statute. If the consumer does not consent, the Division will not share any information identifying the individual as a substance abuse consumer with the LME.

The clinical home provider agency may only share consumer-identifying information with those provider agencies explicitly named on the signed consent form.

The consent form must be renewed at least annually. An example of a consent form can be found on the NC-TOPPS website at <https://nctopps.ncdmh.net/ci0708/ConsentExample.pdf>.

### IV. REQUIRED SUBSTANCE ABUSE AND MENTAL HEALTH CONSUMERS

NC-TOPPS Interviews are required for 100% of consumers ages 6 and above who have:

- Been formally admitted to the LME by having an open record with a unique LME-assigned Consumer Record Number and
- Begun receiving mental health and/or substance abuse services from a publicly-funded source (such as State funds, Medicaid funds, Health Choice, etc.). See Section V for details.

Further requirements and exclusions are noted below. Any LME or provider agency interested in using NC-TOPPS for consumers not in the required populations will need to contact Kathryn Long or Jaclyn Johnson (see NC-TOPPS Contacts, Section XI).

#### **Consumers Receiving Only Medicaid-Funded Services**

NC-TOPPS Interviews are required for all adults and children ages 6 years and above who are receiving:

- community support services (8 hours unmanaged and all managed) or
- other Medicaid managed services (i.e. services requiring prior authorization) for any mental health and/or substance abuse issues.

NC-TOPPS Interviews are not required for consumers receiving only:

- Crisis services (mobile crisis, 24-hour crisis bed, facility-based crisis program or respite)
- Detoxification services
- Psychiatric inpatient services
- Developmental disability services and supports
- Unmanaged outpatient therapy and/or medication management (8 visits for adults; 26 visits for children)

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### **Consumers Receiving Services Funded Through IPRS Only or Both IPRS and Medicaid**

NC-TOPPS Interviews are required for all adults and children ages 6 years and above who are enrolled in an IPRS target population and receiving:

- any mental health and/or substance abuse services or
- outpatient therapy and/or medication management services, if enrolled in IPRS target populations other than AMSRE.

NC-TOPPS Interviews are not required for consumers enrolled only in one or more of the following IPRS target populations:

- Adult MH Stable Recovery Population (AMSRE)
- Crisis Services Populations (AMCS, ASCS, CMCS, CSCS)
- Assessment Only Populations (AMAO, ASAO, CMAO, CSAO)
- Substance Abuse Prevention Populations (CSIP, CSSP)
- Developmental Disability Populations (All populations beginning with AD or CD)

In addition, NC-TOPPS Interviews are not required for consumers receiving only one or more of the following services, regardless of target population membership:

- Crisis services (mobile crisis, 24-hour crisis bed, facility-based crisis program or respite)
- Detoxification services
- Psychiatric inpatient hospitalization services

### **Consumers Receiving Developmental Disability (DD) Services and Supports**

Consumers who receive DD services and supports as well as MH and/or SA services require a NC-TOPPS only when the services are predominantly either MH or SA. The LME will determine whether the NC-TOPPS is appropriate for each MH/DD or SA/DD consumer. (See Section VIII for more information.) Consumers in the Mental Retardation/Mental Illness (ADMRI) target population are not required to have NC-TOPPS Interviews.

**NOTE:** The Developmental Disability Consumer Outcomes Inventory (DD-COI) was discontinued, as of April 1, 2007 and is no longer required for any consumer. The Mental Health and Substance Abuse COI (MH/SA-COI) and Early Intervention COI (EI-COI) were discontinued previously.

## **V. TIMEFRAMES FOR COMPLETING NC-TOPPS INTERVIEWS**

### **Episode Of Care**

NC-TOPPS is designed to follow an individual across an “episode of care.” An episode is defined as the period that begins with the initiation of services and ends with the termination of services or with a lapse in services of more than 60 days. An individual who returns to services after 60 days with no services begins a new episode of care.



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Mental health and substance abuse consumers must have a completed Initial Interview at the beginning of an episode of care, followed with Updates (at 3 months, 6 months, 12 months, and every 6 months thereafter), and Transfer or Episode Completion Interviews, at appropriate times.

All required consumers who are in active services but who have not had a NC-TOPPS submitted should have an Initial Interview by September 30, 2007.

### **Initial Interviews**

An Initial Interview must be completed with the consumer in-person at the beginning of an episode of care. The Initial Interview should be completed during the first or second service visit as part of the development of the Introductory PCP/treatment plan. The Initial Interview should not be completed prior to the consumer's formal date of admission to the LME or enrollment in a target population.

### **Update Interviews**

Update Interviews should be completed with the consumer in an in-person interview. An Update Interview must be completed within two weeks prior or two weeks after the appropriate Update is due. The timing of the appropriate Update is based on the day the Initial Interview was started on the web-based system. For example, if an Initial Interview is started on 1/3/07, the 3-Month Update is expected on 4/3/07; the 6-Month Update is expected on 7/3/07, etc.

- 3-Month Update – Completed 90 days following Initial Interview, plus or minus two weeks, 76 to 104 days.
- 6-Month Update – Completed 180 days following Initial Interview, plus or minus two weeks, 166 to 194 days.
- 12-Month Update – Completed 360 days following Initial Interview, plus or minus two weeks, 346 to 374 days.
- 6 month Update thereafter (18, 24, 30, etc. months) – Example: An 18-month Update should be completed 540 days following the Initial Interview, plus or minus two weeks, 526 to 554 days.

### **Transfer Interviews / Change in Clinical Home**

Transfer Interviews must be completed when the consumer's clinical home changes. The assigned QP should complete an in-person Transfer Interview with a consumer who is scheduled to transfer just prior to their leaving the current clinical home. The new clinical home is responsible for completing an Initial Interview and appropriate Update Interviews thereafter.

**NOTE:** When a LME divests itself from providing services to a consumer, the LME's QPs must complete a full Transfer Interview on the consumer.

### **Episode Completion Interviews**

Episode Completion Interviews must be completed when a consumer is ending services for any reason. This includes the consumer completing services (successfully or unsuccessfully) or being discharged at program initiative. The assigned QP should conduct an in-person Episode Completion Interview with a consumer who is scheduled to complete services just prior to the end of services.

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A consumer who has not received any services for 60 days should have an Episode Completion Interview completed. For the item asking reason for Episode Completion, the QP would check "Consumer did not return as scheduled within 60 days."

A consumer who has moved to the AMSRE target population should have an Episode Completion Interview completed. For the item asking reason for Episode Completion, the QP would check "Moved to the AMSRE target population."

If a consumer is administratively terminated from services, the QP should do an Episode Completion Interview indicating the reason the consumer is ending that episode of care.

If a consumer returns after an Episode Completion Interview has been completed, the assigned QP from the clinical home should complete an Initial Interview for the new episode of care.

NOTE: Submitting an Episode Completion Interview for NC-TOPPS should coincide with completing an Episode Completion Record for the Client Data Warehouse (CDW), but does not require closing the consumer's service record.

## VI. PREREQUISITES FOR USING THE WEB-BASED NC-TOPPS SYSTEM

### Technical Requirements

The following technology must be in place to access the online NC-TOPPS system:

- Secure web access at the desktop level for participating QPs.
- Minimum browser capability and encryption: Internet Explorer 5.1 or greater OR Netscape 4.7 or greater.
- 128 Bit SSC (Encryption) Bandwidth on a DSL or an ISDN line. (The online system can work with dial-up, but will be slower.)
- Cookies and Java Script enabled for each Web Browser

In addition to the technical requirements, using the NC-TOPPS web system requires each provider agency to have a commitment by clinical and management staff to use the system and cooperation, leadership, and technical support from the agency's Management Information staff.

If the QP provides services at a location where internet access is not available, QPs may use printable versions to gather NC-TOPPS information on site. This information must then be entered into the web-based system by the QP or his/her designee under the QP's User Login. Printable versions are available on the NC-TOPPS website (<https://nctopps.ncdmh.net/>) under "Printable Versions of Interviews."

### QP/Clinician, Provider Agency, and LME Identifying Information

The QP must have a Clinician ID before enrolling to use the web-based system. This unique ID is assigned by the provider agency and can be a maximum of 16 alpha-numeric characters.

The QP must also have identifying information for the LME and provider agency before enrolling to access the online NC-TOPPS system. The following information must be obtained from the LME:



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- The LME Code is the code identifying the LME for which the provider agency completes NC-TOPPS Interviews. NOTE: Provider agencies serving consumers from multiple LMEs will need to be set up in the system with each of the appropriate LME Codes.
- The Reporting Unit Number is a locally-defined code that may be assigned by the LME based on LME reporting needs. If the LME does not assign a Reporting Unit code, the provider agency may choose to use this field for internal tracking purposes.
- The Attending Provider Number is assigned to each provider agency by the LME for IPRS billing purposes. If the provider agency does not have an Attending Provider Number because it does not provide IPRS-funded services, the provider agency should use their Medicaid Provider Number.

The LME should give the provider agency the appropriate LME Code, Reporting Unit Number, and IPRS Attending Provider Number when the Contract or Memorandum of Agreement between the LME and provider agency is signed.

NOTE: By May 23, 2008, every provider agency must be enrolled with a National Provider Identifier (NPI). NC-TOPPS will also be adopting the NPI at that time. Provider agencies should begin using the NPI as soon as one has been assigned.

### **QP/Clinician Enrollment**

QPs need a User Login and Password to access the NC-TOPPS web-based system. To receive these, the QP should go to the NC-TOPPS website (<https://nctopps.ncdmh.net>) and click on “New QP/Clinicians Enrolling for Website Submission.” The QP will then submit their name, email address, QP/Clinician ID, LME Code, Provider Agency Name and Address, Reporting Unit Number, and Attending Provider Number (or Medicaid Provider Number). The NC-TOPPS contractor will send the User Login and Password to the QP’s email address within approximately one week.

QPs with a current User Login and Password who need to add or change their LME and/or provider agency information should contact Jaclyn Johnson or Kathryn Long to make the appropriate changes or additions (See NC-TOPPS Contacts, Section XI). Do not sign up multiple times in the web-based system.

### **Superuser Enrollment**

Superusers are individuals who have oversight responsibilities for their LME and/or provider agency. Through NC-TOPPS, these individuals can track Updates needed, see a list of Initial and Update Interviews submitted within the past 3 months, and have access to data queries.

Superusers can also change a consumer’s clinician in the NC-TOPPS system. When a QP leaves or changes to a new provider agency, superusers are responsible for changing consumers from the original QP to a current QP before the original QP leaves. Superusers can go to their “Administrative Tools” link on their main menu and click on “Change Consumer’s Clinician” to make the appropriate changes.

A new User Login and Password will not be issued to the QP changing locations until this process has been completed. Superusers need to make the appropriate changes promptly in order

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for QPs' User Logins and Passwords to be reassigned in a timely fashion. This will allow a smooth transition for consumers, QPs changing locations, and all provider agencies involved.

Individuals needing to become superusers should follow the same process for enrolling in the web-based system as a clinician. Once they have received a User Login and Password, they should contact Jaclyn Johnson or Kathryn Long to receive access as a superuser (See NC-TOPPS Contacts, Section XI).

### **Consumer Enrollment**

Before an NC-TOPPS Interview can be conducted with a consumer, the QP must receive the following information on the consumer from the LME:

- the LME-assigned Consumer Record Number and
- a list of all IPRS target populations in which the consumer is enrolled

The LME should provide this information to the clinical home provider agency after the provider agency submits a Consumer Admission Form to the LME.

## **VII. USING THE WEB-BASED NC-TOPPS SYSTEM**

### **Preparation For Interviewing**

The NC-TOPPS Interviews include a common set of items that are generally collected as part of developing and revising a mental health and substance abuse consumer's PCP/treatment plan. It is important that the QPs are familiar with the Interview questions prior to contact with a consumer. Careful preparation will increase the chances of engaging the consumer and completing NC-TOPPS Interviews with accurate information. Prior to sitting down with a consumer, a QP may walk through the various NC-TOPPS Interview items by going to the NC-TOPPS website (<https://nctopps.ncdmh.net>), clicking on "Website Submission," and entering 'Training' for the ID and 'Training' for the password. Please note that there are a limited number of items required by Federal funding sources that must be answered before one can move on to the next item.

NC-TOPPS Interviews are intended to be fully integrated into the routine delivery of direct consumer service. If the consumer is being treated by multiple provider agencies, the QP from the clinical home is responsible for the completion of NC-TOPPS Interviews. Only one set of Initial, Update, and Transfer or Episode Completion Interviews should be completed for each consumer's episode of care.

### **Conducting Interviews**

NC-TOPPS is designed to assist the provider agency and consumer in determining and updating service needs through a planned interview and discussion. As an integral part of the delivery of an outcome-driven service, a NC-TOPPS Interview that is completed with the consumer present in an in-person documented service activity is fully reimbursable. If the consumer declines to participate in an Interview, it is the responsibility of the QP to complete the interviews by gathering the information through clinical records and notes.

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NC-TOPPS Interviews should be completed by a substance abuse QP for a substance abuse consumer and by a mental health QP for a mental health consumer with the consumer present. NC-TOPPS Interviews for adult and adolescent consumers should be conducted with that consumer. Interviews for child consumers should be conducted with the child's parent, guardian, and/or other adult responsible for the child's care.

QPs should refrain from providing opinions, advice, feelings, or suggestions for answers during the NC-TOPPS Interviews. This may influence the consumer to give a response designed to please the QP or to avoid revealing personal information. However, the QP can use feedback (or reinforcement) to encourage the consumer to answer questions. Providing neutral or positive comments at appropriate times shows the consumer that he/she is doing a good job.

The QP must obtain complete answers and record responses. The use of collateral information and clinical judgment is appropriate to gain more accurate and complete responses.

### **VIII. PERFORMANCE EXPECTATIONS FOR NC-TOPPS**

#### **The LME-Provider Contract or Memorandum of Agreement**

The LME-Provider Contract or Memorandum of Agreement holds the clinical home responsible for participating in the NC-TOPPS system through completing and submitting NC-TOPPS Interviews for all required consumers, as defined in Section IV, within the timeframes specified in Section V. Further details of the provider agency performance requirements can be found in the LME-Provider Contract or Memorandum of Agreement signed by each provider agency and the Operations Manual attached to that agreement.

#### **The DHHS-LME Performance Contract**

The DHHS-LME Performance Contract holds the LMEs responsible for ensuring submission of NC-TOPPS Interviews for all required consumers, as defined in Section IV, within the timeframes specified in Section V.

The Division publishes each LME's compliance with these requirements in the quarterly LME Performance Contract Reports. The Contract and copies of the quarterly reports can be found on the DMH/DD/SAS website at

<http://www.dhhs.state.nc.us/mhddsas/performanceagreement/index.htm>. The Quarterly LME Performance Contract Reports show the number of Interviews expected, the number received, and the percent of expected Interviews received. The reports also show the number and percent received within expected timeframes.

Initial Interviews are expected by the date of the third service visit. The 3-Month Update Interviews are expected within 90 days of the Initial Interview date, with a 2 week window on either side of that date considered acceptable. The DMH/DD/SAS expects provider agencies and LMEs to submit at least 90% of expected NC-TOPPS Interviews within the expected timeframes.

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### **Compliance with Initial Interview Requirements**

In determining LME and provider agency compliance with NC-TOPPS performance requirements, the expected number of Initial NC-TOPPS Interviews is based on the number of active consumers in the DMH/DD/SAS Consumer Data Warehouse (CDW) who have had at least three service events (including assessments) during the time period under review that were paid for in any of the following ways:

- as services for one of the required IPRS Target Populations
- as unmanaged or managed community support services
- as managed Medicaid services (services requiring prior authorization).

To assist LMEs and provider agencies in coordinating the submission of NC-TOPPS Interviews, the DMH/DD/SAS provides monthly reports through each LME's CDW Directory.

The Monthly Initial NC-TOPPS Compliance Report is run during the last week of each month. It includes all consumers beginning services during each month of the previous 12 months for whom an NC-TOPPS is required but has not been received. Specifically, for each month reported, it includes individuals who:

- Had a CDW admission record during the month and
- Received at least three IPRS or Medicaid-funded services in the 60 days following the CDW admission (excluding specified crisis services, detoxification, psychiatric inpatient hospitalization, or developmental disability services)

**NOTE:** This report is run before all service claims are received. Therefore, more recent months will not list individuals who have received less than three services or those who received services for which claims have not been processed. These consumers will be added in later reports as claims are processed.

Compliance for each Quarterly Performance Contract Report is lagged two quarters (six months) to allow time for claims to be processed. (See chart below.) For instance, compliance for the First Quarter Report (covering July - September) is based on:

- CDW admissions for the previous January – March and
- IPRS and Medicaid services provided during January – June for which claims were processed by September.

<b>LME Performance Contract Reports</b>		<b>Initial Interview Compliance</b>
<b>Quarter</b>	<b>Date Published</b>	<b>CDW Admissions Dates</b>
First (July – Sep 2007)	Nov 15, 2007	January 1 – March 31, 2007
Second (Oct – Dec 2007)	Feb 15, 2008	April 1 – June 30, 2007
Third (Jan – Mar 2008)	May 15, 2008	July 1 – September 30, 2007
Fourth (Apr – June 2008)	Aug 15, 2008	October 1 – December 31, 2007

The Quarterly NC-TOPPS Dual Disability Report is run during the last week of the month following the end of each quarter. It includes individuals who are enrolled in both SA and DD

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target populations or in both MH and DD target populations. The LME is expected to email [ContactDMHQuality@ncmail.net](mailto:ContactDMHQuality@ncmail.net) to indicate which of the individuals listed in the report are receiving primarily DD services / supports and therefore should be excluded from NC-TOPPS. If the Division is not notified, all of these individuals will be included in calculating the LME's Initial NC-TOPPS compliance rates.

LME superusers can access these reports by contacting the staff in their LME who manages CDW data submission.

### **Compliance with Update Interview Requirements**

The expected number of 3-Month Update Interviews is based on Initial Interviews received, as detailed in Section V. The Quarterly LME Performance Contract Reports calculate compliance with requirements for 3-Month Update Interviews using Initial Interviews conducted two quarters prior to the report period and subsequent Update Interviews received by the end of the reporting period. (See chart below.) For instance, compliance for the First Quarter Report (covering July - September) is based on:

- Initial Interviews conducted in the previous January – March and
- 3-Month Update Interviews conducted during January – September.

<b>LME Performance Contract Reports</b>		<b>Update Interview Compliance</b>
<b>Quarter</b>	<b>Date Published</b>	<b>Initial Interview Dates</b>
First (July – Sep 2007)	Nov 15, 2007	January 1 – March 31, 2007
Second (Oct – Dec 2007)	Feb 15, 2008	April 1 – June 30, 2007
Third (Jan – Mar 2008)	May 15, 2008	July 1 – September 30, 2007
Fourth (Apr – June 2008)	Aug 15, 2008	October 1 – December 31, 2007

Both provider agency and LME superusers have access to a report of “Updates Needed” in the NC-TOPPS system to assist them in tracking outstanding 3-Month Update Interviews, as well as subsequent Update, Transfer, and Episode Completion Interviews. In this report, superusers can look at Interview submission information by LME, provider agency, clinician, reporting unit, consumer, dates of Interviews submitted and types and dates of Interviews due. Superusers can save this report to MS Excel to sort the information for further tracking.

### **IX. ACCESSING DATA AND REPORTS**

The Division publishes annual statewide reports on the NC-TOPPS website that summarize consumers' service outcomes for each age-disability group and for certain special population groups. Annual LME-level reports for each age-disability group are sent to each LME. Beginning in the fall of 2007, LME reports will also be posted on the NC-TOPPS website.

Provider agencies and LMEs can request provider-specific reports and reports on specific population groups by contacting Gail Craddock (See NC-TOPPS Contacts, Section XI).

An NC-TOPPS query system is currently being developed for implementation by the end of 2007. The Division will provide opportunity for training of LME and provider agency staff to

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use the system for tracking individual consumer progress on PCP/treatment plan goals, as well as assessing local needs and comparing outcomes across particular groups.

Provider agencies and LMEs interested in receiving their data for local analysis and use can contact Kathryn Long or Jaclyn Johnson (See NC-TOPPS Contacts, Section XI).

### X. FREQUENTLY ASKED QUESTIONS

For additional information please refer to the NC-TOPPS informational website (<https://nctopps.ncdmh.net/>) under “Frequently Asked Questions.”

### XI. NC-TOPPS CONTACTS

#### Main contacts

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#### Other contacts

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